UEF	ARTM								. 0 /	~	/ n	_		OTO	
DO NOT WRITE		AMEND			HEALTH AND W	IAN 9 1622	Primary Registration	District No.	<u> </u>	Registrar's No.	62	2	STATE FILE	NUMBER	
ON THIS STUB					PLACE OF DEATH	1AN 2 1303			2.	USUAL RESIDEN				on: Residence be	fore
VS 300]		a. COUNTY	Jackson 🖰				. STATE MO	• b	COUNTYJE	ackson	admission	1)
Rev. 4/59	AMENDED				OR	corporate limits, give TOV	WNSHIP only)	Length of stay i	- 11	c. CITY OR				Inside Lim	
17005	<u></u>					pendence		2 Days		TOWN Le	o's S		-111	Yes DXNo	
	_	1 1			HOSPITAL OP	f NOT in hospital, give I		Inside Lir Yes 🛣 N	- II	d. STREET ADDRESS	100 C		give location) Ret St	Reside on F	
27004	2 0	11-	Ш			dependence	nospice				4				
3				3.	NAME OF DECEASE (Type or print)			Middle		Last	4. DATE OF		nth D		•
4 0	1			_	SEX	William 6. COLOR OR RACE		Elmor R Never Marrie		oshall	DEATH 9 AGE (De (1962 EAR IF UNDER	24 HP
5 1	1		1	5.	Male	White	Widowed		. = 1	une 17,		65	Months Da		Min.
.	-			10a	USUAL OCCUPATION	N (Give kind of work do	ne 10b. KIND OF	BUSINESS OR INC		. BIRTHPLACE (12. CITIZEN	OF WHAT COUN	ITRY
<u> </u>				R	adio Oper	rator	Poli	ce Dept		ansas C	ity,	Mo.	USA	 	
7 O	Offic				FATHER'S NAME		_	OTHER'S MAIDEN					HUSBAND OR V		
8 2	<u> </u>					l Goggoshal		ella Jar		INFORMANT	1		Cogges	snall	
0./0	₹			(Ye	no, or unknown) (I	If yes, give war or dates	of service)		ta	rene Co	ggesh	all.L	eets Si	ımmit. N	MO.
94200	- AR		│ ╞│			IH (Enter only one cause I. DEATH WAS CAUSED		, and (c).						INTERVAL BETWO	
10			WE		CONT	IMMEDIATE CAUSE	a	lias a	rred	<i>*</i>	•			Smine	<u>T.</u>
11	CORD		DOCUMENT		•			<i>+</i> · · ·		, - /	0	4 ./	/ 、	1101	/
12/-0	HIS REC		│ ^ŏ │		Condit:	ions, if any, DUE TO	0 (b) <u>Иеи</u>	le m	4000	rdul	Juj	acet	ion	78 m	<u>12</u>
13/-0	킬뢰		111	1 1		cause (a), }									<i>t</i> :
	F -		ऻ —∣ ∣	1 1	stating	the under-	O (c) Prts	riorele	20+1	e Hea	ut]	مفيار	uce !	Under	
	NO			z	stating	the under- cause last. DUE T	T CONDITIONS CO	DATRIBUTING TO	DEATH BE	t not related to	the termin	al PART	III. If decease		
	NO NO			ATION	stating lying	the under- cause last. DUE T	T CONDITIONS CO	Prior cle	DEATH BE	t not related to	the termin	al PART	there a pre	gnancy in last 90	0 days.
	NO NO			TIFICATION	stating lying PART	the under- cause last. DUE T III. OTHER SIGNIFICAN' disease condition giv	T CONDITIONS CO			it not related to			there a pre	gnancy in last 90	
	NO NO			CERTIFICATION	stating lying PART	the under- cause last. DUE T III. OTHER SIGNIFICAN' disease condition giv	T CONDITIONS Co en in PART I (a)						there a pre	gnancy in last 90	0 days.
	NO NO				PART I 19. WAS AUTOPSY PERFORMED? YES NO ST 20c. TIME OF Hou	i the under- cause last. DUE T II. OTHER SIGNIFICANI disease condition giv 20a. ACCIDENT SUI	T CONDITIONS CO						there a pre	gnancy in last 90	0 days.
				MEDICAL	19. WAS AUTOPSY PERFORMED? YES NO SE	DUE T II. OTHER SIGNIFICANT disease condition giv 20a. ACCIDENT SUM WIT Month, Day, Year h.	T CONDITIONS CO	20b. DESCRIE	BE HOW IN	JURY OCCURRED	D. (Enter natu	re of injury in	there a pre	egnancy in lest 90	0 days.
RIBBON	NO NO			MEDICAL	19. WAS AUTOPSY PERFORMED? YES NO	DUE T II. OTHER SIGNIFICAN disease condition giv 20a. ACCIDENT SUIT WIT Month, Day, Year 1.1. RED 20e. PLA fort	T CONDITIONS CO	20b. DESCRIE	BE HOW IN	JURY OCCURRED	D. (Enter natu	re of injury in	there a pre	gnancy in last 90	0 days.
RIBBON	AMENDMENTS ON T			MEDICAL	IP. WAS AUTOPSY PERFORMED? YES NO ST 20c. TIME OF HOLINJURY a.m p.m 20d. INJURY OCCUMEN WHILE AT WOR	DUE T OTHER SIGNIFICANI disease condition giv 20a. ACCIDENT SUI WIT Month, Day, Year 1. RED 20e. PLA fari	T CONDITIONS CO	20b. DESCRIE	ne, 20f.	JURY OCCURRED	D. (Enter natu	re of injury in	there a pre	sgnancy in last 90	0 days.
RIBBON	AMENDMENTS ON T			MEDICAL	19. WAS AUTOPSY PERFORMED? YES NO STANDURY A.m. p.m. 20d. TIME OF Hot INJURY A.m. p.m. 20d. INJURY OCCUR WHILE AT WOR NOT WHILE AT 21. I attended the d	DUE T II. OTHER SIGNIFICAN' disease condition giv 20a. ACCIDENT SUI WIT Month, Day, Year A. D. STEEL SUI WORK deceased from 22— deceased from 22— deceased from 22—	CIDE HOMICIDE ACE OF INJURY (e.m., factory, street, c.	g., in or about horoffice bldg., etc.)	ne, 20f. (JURY OCCURRED	D. (Enter nature) R LOCATION d last saw h	re of injury in	there a pre	y ~ 6 >	0 days.
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BLACK INK OR RITER RIBBON	AMENDMENTS ON T			WEDICAL	19. WAS AUTOPSY PERFORMED? YES NO ST 20c. TIME OF Hom INJURY AM P.M 20d. INJURY OCCUR WHILE AT WOR NOT WHILE AT 21. I attended the d Death occurred 22a. SIGNATURE BURIAL CREMATION	DUE T II. OTHER SIGNIFICANT disease condition giv 20a. ACCIDENT SUI WIT Month, Day, Year n. RED 20e. PLA ferr WORK 20e. PLA ferr ACCIDENT SUI 20a. ACCIDENT S	CIDE HOMICIDE CIDE HOMICIDE ACE OF INJURY (e.m., factory, street, c.m.) Pegree or file)	g., in or about horoffice bldg., etc.) M N E OF CEMETERY C	ne, 20f. on the date 22b	JURY OCCURRED CITY, TOWN, OF 5-63 en te stated above, 6 ADDRESS 990/ WORY	d lest saw hand to the b	im alive on	COUNTY COUNTY Lack of the county of the co	STA STA 22c. DATE S (State)	o days.
RIBBON	NO. SHOULD READ			WEDICAL	19. WAS AUTOPSY PERFORMED? YES NO SE 20c. TIME OF Hot INJURY a.m. p.m 20d. INJURY OCCUR WHILE AT WOR NOT WHILE AT 21. I attended the d Death occurred 22a. SIGNATURE BURIAL, CREMATION EMEMOVAL (Specify) BURIAL	in the under- cause last. DUE T III. OTHER SIGNIFICAN' disease condition give 20a. ACCIDENT SUM 20a. ACCIDENT SUM WORK DECEMBER 120a. 20a. PLA fam. 20	CIDE HOMICIDE CIDE HOMICIDE ACE OF INJURY (e. m., factory, street, c. d.	g., in or about hor office bidg., etc.) M. W. C.	me, 20f. on the day	JURY OCCURRED CITY, TOWN, OF 5-63 en e stated above, 6 ADDRESS 990/ W ORY	d last saw hand to the b	im alive on_ est of my kno	COUNTY COUNTY Lack A part i or PART COUNTY COUNTY Lack Lack Lack Missing the country Missing the country	STA STA 22c. DATE S (State)	o days.
RIBBON	AMENDMENTS ON T			WEDICAL	19. WAS AUTOPSY PERFORMED? YES NO STATE 20c. TIME OF Hou INJURY A.m. P.m. 20d. INJURY A.m. WHILE AT WORN NOT WHILE AT 21. I attended the d Death occurred 22a. SIGNATURE BURIAL, CREMATION REMOVAL (Specify) BUP1A1 FUNERAL DIRECTOR ANGSTOPA	in the under- cause last. DUE T III. OTHER SIGNIFICAN' disease condition give 20a. ACCIDENT SUM 20a. ACCIDENT SUM WORK DECEMBER 120a. 20a. PLA fam. 20	CIDE HOMICIDE CIDE HOMICIDE ACE OF INJURY (e. m., factory, street, c. m., factory, street, street, c. m., factory, street, c. m., factory, street, c. m., factory, street, c	g., in or about hor office bidg., etc.) M. W. C.	me, 20f. on the day	JURY OCCURRED CITY, TOWN, OF 5-63 en te stated above, 6 ADDRESS 990/ WORY	d last saw hand to the b	im alive on	COUNTY COUNTY Lack A part i or PART COUNTY COUNTY Lack Lack Lack Missing the country Missing the country	STA STA 22c. DATE S (State)	o days.

STATEMENT BY LICENSED EMBALMER

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you was a standard on or and the termination of

with the above constitutes grounds for revocation of license).

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vorking under my personal supervision.	Made in DO
itudent	_ Signed // Do Gnystone Ar
Signature of Student Embalmer	Licensed Embalmer No. 333
•	. P.O. Address en Summe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above. If the state of the state of

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